

Staple Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	465	10-14-94
TYPIST	331	10/17/94
VERIFIER	277	10/18
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

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Claim	Date
Final	
Original	
1	4
2	12
3	27
4	29
5	30
6	30
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19	
20	
21	
22	
23	
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

INDEX OF CLAIMS

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101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
106	✓	✓	✓
107	✓	✓	✓
108	✓	✓	✓

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

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Claim	Date
Final	
Original	
41	4
42	12
43	27
44	29
45	30
46	30
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82	
83	
84	
85	
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

(LEFT INSIDE)